Assessment of Male Involvement in Birth Preparedness and Complication Readiness in Selected Local Government Secreteriats in Lagos State

Bashir Sadiq Samson; Balogun Opeoluwa O; Augustine Felicia
Department of Nursing
Lagos State College of Nursing, Igando

Abstract

This study examined male involvement in birth preparedness and complication readiness across selected Local Government Areas in Lagos State, Nigeria. It focused on demographic characteristics, the extent of male participation, and the socio-demographic factors influencing their engagement. A cross-sectional descriptive design was utilized, and data were collected from 124 respondents using a structured questionnaire. Analysis was performed using SPSS version 25 and Microsoft Excel 2016, incorporating both descriptive statistics (frequencies and percentages) and inferential statistics (Chi-square tests) to explore associations between variables. Results showed that the majority of respondents (75.8%) were aged 21–30 years, predominantly Yoruba (66.1%) and Christian (73.4%), with a high level of education (91.9% held tertiary qualifications). A significant proportion of men demonstrated active involvement in birth preparedness: 82.3% participated in decision-making, and 83.1% acknowledged the importance of prenatal check-ups. Socio-demographic factors such as financial capacity, educational attainment, and occupational demands were found to significantly influence male involvement. Financial limitations emerged as a major barrier, with 75% of respondents

reporting that inadequate resources hindered effective birth preparedness. Although cultural and religious barriers were less prominent, 33.9% of respondents identified unfriendly hospital environments as a deterrent to full participation. The study concluded that male involvement plays a pivotal role in improving maternal health outcomes. However, challenges including financial constraints, job-related limitations, and unwelcoming healthcare settings must be addressed. Recommendations include targeted health education for men, the establishment of male-friendly antenatal services, and the adoption of workplace policies that support paternal engagement in maternal care. Further research should explore context-specific interventions aimed at enhancing male participation in maternal health across diverse socio-economic and cultural settings.

Keywords: Birth Preparedness, Complication Readiness, Male Involvement, Maternal Health

Chapter One
Introduction
1.1 Background tothe Study

Male involvement in birth preparedness and antenatal care is increasingly recognized as a critical factor in improving maternal and child health outcomes. When men are knowledgeable about obstetric danger signs, they are better positioned to make informed and collaborative decisions with their partners regarding timely access to antenatal and delivery services. Despite advancements in maternal healthcare, pregnancy-related complications during pregnancy, childbirth,

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and the postpartum period continue to result in preventable maternal deaths. One of the most effective strategies to mitigate these outcomes is the development of a comprehensive birth plan that incorporates both birth preparedness and complication readiness for pregnant women, their partners, and extended families (Renaud & Fowler, 2021). Regrettably, many of these maternal deaths could be averted through greater male engagement in the birth preparedness process. The responsibility for achieving safe motherhood cannot rest solely on the woman; it requires a coordinated effort involving the expectant mother, her partner, the healthcare system, communities, service providers, and policymakers. The International Conference on Population and Development strongly advocates for male participation in reproductive health, underscoring the importance of shared responsibility and promoting men's active role in maternity care (World Health Organization, 2022). One of the primary approaches to reducing maternal morbidity and mortality is equipping families with the knowledge and tools to formulate effective birth plans. These plans include essential components of birth preparedness and complication readiness, especially tailored for pregnant women, their spouses, and their families (Kumar, 2021). The birth preparedness and complication readiness framework is a comprehensive strategy designed to ensure timely access to skilled maternal and neonatal care. It emphasizes proactive planning and decision-making around childbirth. Key elements of this strategy include identifying danger signs, arranging for a skilled birth attendant, selecting a place of delivery, and setting aside funds for transportation or emergency expenses. In many African communities, pregnancy and childbirth are still largely perceived as exclusively women's issues. Male involvement during the perinatal period is uncommon, and it is rare to find men accompanying their partners into delivery rooms. However, in many African societies, men wield considerable social and economic influence over household decisions, including those related to healthcare. They often determine family size, the timing of sexual relations, and whether or not their partners access maternal health services. Given this dynamic, male involvement is indispensable for improving maternal health outcomes and reducing maternal mortality and morbidity. To achieve meaningful progress, strategies aimed at enhancing male participation in maternal healthcare must focus on increasing awareness of emergency obstetric conditions and actively engaging men in the planning and decision-making processes related to childbirth. A lack of male involvement in birth preparedness and delays in seeking care during obstetric emergencies are among the leading contributors to maternal deaths. Furthermore, in patriarchal societies where men are often the primary decision-makers, their support or opposition can significantly impact women's access to maternal healthcare services. As such, integrating men into safe motherhood programs is not only beneficial but essential for sustainable improvement in maternal and newborn health (Rutledge, 2021).

1.2 Statement of the Problem

In many developing countries, men possess limited knowledge regarding reproductive health compared to their female counterparts. Despite this knowledge gap, men often hold primary decision-making authority over critical aspects of reproductive health, including the timing and conditions of sexual relations, family planning, and the utilization of maternal healthcare services. This dynamic has been shown to negatively impact maternal and neonatal health outcomes. Specifically, the lack of awareness among men about obstetric danger signs and the essentials of birth preparedness

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significantly undermines the overall effectiveness of a family's birth preparedness and complication readiness efforts. Effective birth preparedness plays a crucial role in mitigating the three primary delays that contribute to maternal mortality: the delay in deciding to seek care, the delay in reaching a healthcare facility, and the delay in receiving appropriate care upon arrival (Abdelhak et al., 2022). These delays are often exacerbated by poor male engagement in the planning process, resulting in inadequate support during critical moments of maternal care. During the researcher's clinical experience in obstetrics and gynaecology, it was observed that many male partners were uncoordinated and unprepared on the expected dates of their spouses' deliveries. In several cases, men were seen scrambling to obtain basic newborn items post-delivery, displaying confusion and stress that reflected a lack of prior planning. In more serious cases, complications arose, and the absence of timely arrangements—such as the provision of blood for transfusion—posed life-threatening risks to both mother and child. These situations often stemmed from delayed decision-making and insufficient awareness regarding maternal health emergencies. Despite the recognized importance of male involvement in maternal health, there is limited evidence on the current extent of male participation and the factors influencing it, particularly in the context of birth preparedness and complication readiness. Understanding these factors is essential to reducing delays in seeking care and, ultimately, to decreasing maternal and neonatal mortality rates. Therefore, this study seeks to assess the level of male involvement and the associated determinants of birth preparedness and complication readiness among men in selected Local Government Secretariat offices in Lagos State.

1.3 Objectives of the Study

The primary objective of this study is to evaluate the level of birth preparedness and complication readiness among men working in selected Local Government Secretariat offices in Lagos State.

The specific objectives are to:

- Examine the level of knowledge men possess regarding obstetric danger signs in the selected Local Government Secretariats.
- Determine the extent of birth preparedness and complication readiness among male respondents in the study area.
- Assess the attitudes of men towards birth preparedness and complication readiness within the selected Local Government Secretariats in Lagos State.

1.4 Research Questions

This study seeks to answer the following research questions:

i. What is the level of knowledge regarding obstetric danger signs among men in selected Local Government Secretariat offices in Lagos State?
ii. To what extent are men in these offices engaged in birth preparedness and complication readiness?
iii. What are the prevailing attitudes of men toward birth preparedness and complication readiness in the selected Local Government Secretariats?

1.5 Research Hypotheses

The study is guided by the following hypotheses:

- **Null Hypothesis (H_0):** There is no significant relationship between the level of educational attainment and knowledge of obstetric danger signs among men in

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selected Local Government Secretariat offices in Lagos State.

- **Alternative Hypothesis (H_1):** There is a significant relationship between the level of educational attainment and knowledge of obstetric danger signs among men in selected Local Government Secretariat offices in Lagos State.

1.6 Significance of the Study

The findings of this study will offer valuable insights to stakeholders such as the World Health Organization (WHO), national health authorities, governmental and non-governmental organizations, healthcare institutions, obstetricians, nurse-midwives, and policymakers. By providing evidence-based information on male involvement in birth preparedness and complication readiness, this study contributes to efforts aimed at reducing maternal and fetal morbidity and mortality in Lagos State, across Nigeria, and globally. Furthermore, the study aims to enhance men's awareness of pregnancy-related danger signs, obstetric complications, and their potential impact on fetal outcomes. This increased awareness is expected to foster greater male participation in birth preparedness and complication readiness activities. The findings will also assist healthcare professionals in identifying and addressing the socio-demographic and systemic barriers that influence male engagement in maternal health. For future researchers, this study serves as a foundational reference, offering data and direction for further exploration into male involvement in maternal and child health. Lastly, the study contributes to the nursing profession by promoting inclusive practices that strengthen male participation in maternal and neonatal care, ultimately improving health outcomes for mothers and infants.

1.7 Scope of the Study

This study was conducted among married men employed in selected Local Government Secretariat offices in Lagos State. It focused specifically on evaluating their level of birth preparedness and complication readiness in relation to their spouses' maternal care.

1.8 Operational Definition Of Terms

- **Birth Preparedness:** Refers to the proactive measures and strategies undertaken by male partners working in selected Local Government Secretariats in Lagos State to support their spouses in anticipation of childbirth.
- **Complication Readiness:** The process by which male partners plan for a normal delivery while also preparing for appropriate actions in the event of obstetric emergencies.
- **Men:** Married male employees working in selected Local Government Secretariat offices within Lagos State, serving as participants in this study.
- **Assessment:** The systematic collection and analysis of information from male partners of pregnant women to evaluate their knowledge, preparedness, and attitudes toward birth and complication readiness.
- **Birth:** The process of a baby being delivered from a pregnant woman, as supported or observed by male partners employed in the selected Local Government Secretariats.
- **Complications:** Unanticipated medical issues or difficulties that arise during or after childbirth, potentially endangering the mother or child.
- **Preparedness:** The state of being mentally, financially, and logistically equipped by male partners to support

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childbirth and manage potential complications.

- **Readiness:** The willingness and availability of male partners to provide assistance and take appropriate action during childbirth and obstetric emergenci

Chapter Two

Literature Review

2.1 Conceptual Review

Birth Preparedness and Complication Readiness

Birth preparedness and complication readiness (BPCR) is a comprehensive, proactive strategy designed to promote timely access to skilled maternal and neonatal healthcare services (Rabiu & Ladu, 2019). The goal is to reduce delays in receiving appropriate care by ensuring that families, particularly expectant parents, are adequately prepared for childbirth and any potential complications that may arise. Key components of BPCR include identifying the preferred place of delivery, choosing a skilled birth attendant, locating the nearest appropriate healthcare facility, saving funds for delivery and emergencies, designating a decision-maker for the birthing process, and preparing essential newborn care supplies. It also involves arranging transportation for both routine delivery and emergency situations, identifying a compatible blood donor, being aware of the expected date of delivery, recognizing key obstetric danger signs, and organizing support for childcare and household responsibilities during the mother's absence (Rabiu & Ladu, 2019). By encouraging families to anticipate and plan for childbirth, BPCR ensures that women are more likely to reach skilled care providers in a timely manner when labor begins. This reduces delays in seeking and receiving care, particularly in cases where obstetric complications develop unexpectedly (Ehiemer et al., 2020). Access to skilled care during pregnancy, childbirth, and the postpartum period is critical for improving maternal and neonatal outcomes (Lawrence et al., 2020). However, care is often delayed by three main barriers: delayed decision-making to seek care, delayed arrival at a healthcare facility, and delayed receipt of appropriate treatment (Mbalinda et al., 2019). Research shows that women with higher levels of education and those knowledgeable about obstetric complications are more likely to be prepared for childbirth and emergencies compared to women with limited education. BPCR directly addresses these barriers by encouraging not only women but also their partners to take an active role in planning for safe delivery and emergency scenarios. At its core, BPCR involves identifying a trained birth attendant, selecting an appropriate facility for delivery, arranging emergency transport, saving funds for skilled care, securing a birth companion, and identifying a potential blood donor. Additional preparations may include obtaining prior consent from the household head for emergency healthcare access and arranging temporary care for dependents during the mother’s absence (Ashwaq et al., 2018).

Components of Birth Preparedness and Complication Readiness (BP/CR)

Birth preparedness and complication readiness (BP/CR) encompasses a proactive set of measures aimed at ensuring that pregnant women and their families are equipped for normal childbirth as well as for managing potential emergencies. It involves making informed and documented decisions prior to labor to minimize maternal and neonatal risks.

Thaddeus and Maine (2018) identified the "Three Delays Model" as critical to understanding barriers to maternal healthcare. These include:

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- Delay in recognizing the need to seek care when complications arise,
- Delay in reaching an appropriate healthcare facility, and
- Delay in receiving adequate care upon arrival.

BP/CR is a proven strategy to address these delays, especially when both women and their partners are educated and actively engaged. Research indicates that women with formal education and awareness of obstetric danger signs are significantly more prepared than their less-educated counterparts. Men's involvement in birth planning further enhances these outcomes by ensuring resources and decisions are effectively managed (Ashwaq et al., 2018).

Key components of BP/CR include:

• **Planning for a Skilled Birth Attendant**
A skilled birth attendant refers to a trained healthcare professional—such as a midwife, nurse, or doctor—who is proficient in managing uncomplicated pregnancies, childbirth, and the postpartum period. They are also capable of identifying, managing, and referring complications in mothers and newborns when necessary (Ameyaw & Dickson, 2020; Ayele et al., 2021).

• **Knowledge of Obstetric Danger Signs**
Recognition of danger signs such as vaginal bleeding, severe headaches, visual disturbances, high fever, swollen extremities, and reduced fetal movement is critical. These signs are often indicators of serious obstetric complications. Timely recognition and appropriate healthcare-seeking behavior can significantly reduce maternal and neonatal morbidity and mortality (Mwilike et al., 2021).

• **Planning for a Birth Companion**
A birth companion is someone present throughout labor and delivery to provide emotional, physical, and psychological support. The World Health Organization (WHO) has emphasized the role of a birth companion in enhancing maternal satisfaction and improving childbirth outcomes, making it a core element of quality maternal care (Kabakian-Khasholian & Portela, 2021).

• **ArrangingforEmergency Transportation**
Timely access to a health facility is vital, particularly in emergency situations. Families should be aware of available transport options, estimated travel time, and associated costs. Adequate transport planning can mitigate the second delay in accessing care (Nsemo, 2021).

• **SecurinSafeBirthSupplies**
Expectant couples should prepare essential items for a hygienic and safe delivery, such as clean linens, sterile tools, and newborn clothing. Awareness of the necessary supplies, their cost, and where to obtain them is essential. Financial planning for these items is strongly encouraged (WHO, 2016; Nsemo, 2019).

• **Additional Elements of BP/CR**
Other critical components include selecting the place of delivery, identifying a compatible blood donor in case of hemorrhage, designating a decision-maker for emergency situations, knowing the expected date of delivery, and ensuring support for household responsibilities during the mother's absence. These measures enhance a family's capacity to respond swiftly and appropriately to maternal health needs (Mwilike et al., 2021). In summary, BP/CR is an evidence-based framework that empowers families to anticipate, plan for, and manage both routine and emergency situations associated with childbirth. It enhances maternal and neonatal survival by reducing the delays that commonly hinder access to timely and effective care.

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Assessment of Male Involvement in Birth Preparedness and Complication Readiness

Male involvement in birth preparedness and complication readiness (BPCR) has increasingly been recognized as a vital component of maternal and newborn health. This concept encompasses the active participation of men in preventing high-risk pregnancies, promoting maternal and child health, supporting family planning, embracing responsible parenthood, and aiding in the prevention of sexually transmitted infections. In recent years, greater attention has been directed toward the shared responsibility of men in reproductive health matters. One significant barrier to the utilization of maternity services by pregnant women, particularly in patriarchal settings such as sub-Saharan Africa, is the lack of partner support. In many of these contexts, men are the primary decision-makers, and their engagement is therefore critical to ensuring timely access to care. Male involvement contributes significantly to the wellbeing of both mother and child by influencing positive maternal health behaviors, reducing the risk of adverse outcomes such as preterm birth, low birth weight, intrauterine growth restriction, and infant mortality. Active male participation offers several benefits: it alleviates maternal stress through emotional, logistical, and financial support; enhances antenatal care attendance; promotes cessation of harmful behaviors; and facilitates early adoption of paternal responsibilities. Furthermore, men's engagement encourages the establishment of emergency plans, including identifying healthcare facilities, arranging transportation, securing funds for service fees, and identifying potential blood donors—thereby reducing delays in receiving appropriate care. Studies have shown that women accompanied by their partners are more likely to attend antenatal clinics, deliver in health facilities, and receive postnatal care (Eshete, 2018). Conversely, male non-involvement in BPCR remains a significant contributor to maternal mortality—a key indicator of health disparities across low-, middle-, and high-income countries. This gap represents a missed opportunity in addressing major public health concerns that could otherwise be mitigated through the effective inclusion of men in maternal health strategies. Growing interest in men's roles and responsibilities in reproductive health has led to global efforts to assess and enhance male involvement. A World Health Organization review emphasized that men should not be seen merely as bystanders or barriers in maternal health, but as influential stakeholders. They must be educated on the social, economic, and cultural dimensions of safe motherhood and provided with adequate support to fulfill their roles (Mersha & Abebe, 2018).

Key dimensions of male involvement in BPCR include:

- **Information Sharing and Education:** Men should be equipped with accurate knowledge about pregnancy, childbirth, danger signs, and their supportive role throughout the maternal journey.
- **Emotional and Psychological Support:** Male partners can positively influence their partner's emotional wellbeing by being present, supportive, and responsive during pregnancy and childbirth.
- **Decision-Making and Planning:** Active participation in planning—such as choosing a skilled birth attendant, determining the place of delivery, and preparing for emergencies—ensures shared responsibility and informed choices.
- **Financial Planning and Resource Allocation:** Men often control household finances and are instrumental in setting aside funds for maternity services, transport, and other associated costs.

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- **Accompaniment and Advocacy:** Attending healthcare appointments with their partners reinforces support and allows men to advocate for their partners' needs within the health system.
- **Community Engagement:** Men's participation can extend to community initiatives that raise awareness and foster supportive environments for maternal and child health.
- **Role Modelling:** Men who visibly engage in BPCR serve as positive examples, challenging harmful gender norms and encouraging similar behavior among peers.

There is increasing recognition that male involvement is context-dependent, shaped by cultural norms and societal expectations. For example, in rural South Africa, male involvement is viewed as providing financial, physical, and emotional support. In Mozambique, it is associated with family provision and decision-making. In Arabic countries, it means being present and supportive, while in the United States, it emphasizes emotional and physical availability. African-American fathers in particular define it as being accessible, understanding, and willing to engage in both emotional and financial caregiving. Despite a broad conceptual agreement around male involvement as "being there" emotionally, financially, and physically, standardized indicators for measuring this involvement remain underdeveloped. Recent research has moved toward composite indices that include factors such as financial support, participation in birth preparedness, shared decision-making, and domestic responsibilities. However, discrepancies often arise between male and female perspectives on involvement, highlighting the complexity of assessment (Kwambai, 2019). Since the 1994 International Conference on Population and Development in Cairo, where the importance of men's involvement in reproductive health was strongly emphasized, attention to their role in maternal and child health has grown. Evidence of the positive impact of male involvement continues to accumulate. Reflecting this, the World Health Organization included the promotion of male participation during pregnancy, childbirth, and the postnatal period as a core strategy in its 2015 maternal and newborn health recommendations (Ditekemena & Koole, 2021).

In conclusion, male involvement in birth preparedness and complication readiness is an essential strategy for improving maternal and newborn outcomes. It fosters shared decision-making, enhances emotional and financial support, and promotes timely access to quality healthcare services. Strengthening male engagement at the individual, household, and community levels is pivotal to building a more inclusive and supportive maternal health system.

Key Implications for Birth Preparedness and Complication Readiness

Birth Preparedness and Complication Readiness (BPCR) is a strategic approach aimed at improving maternal and newborn health by anticipating potential needs and complications during pregnancy, childbirth, and the postnatal period. The implementation of BPCR carries several critical implications for health outcomes, healthcare systems, and community engagement.

- **Reduction in Maternal and Neonatal Mortality**
  BPCR plays a pivotal role in minimizing delays in seeking, reaching, and receiving care. By facilitating timely access to skilled obstetric services, it significantly reduces the risk of maternal and neonatal mortality. Early recognition and management of complications are

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essential for preventing preventable deaths during pregnancy and childbirth.

- **Improved Maternal and Newborn Health Outcomes**
  Promoting early and consistent antenatal care, ensuring the availability of skilled birth attendants, and planning for access to emergency obstetric services are all core elements of BPCR. These measures contribute directly to better health outcomes for both mothers and newborns by ensuring continuity and quality of care.

- **Increased Awareness and Knowledge**
  One of the fundamental strengths of BPCR is its emphasis on education and awareness. Pregnant women, their families, and communities are informed about the signs of complications, the importance of timely care-seeking, and available healthcare resources. This knowledge empowers them to act swiftly and make informed decisions throughout the maternal care continuum.

- **Strengthening of Health Systems**
  The successful implementation of BPCR depends on robust and responsive health systems. It necessitates investment in infrastructure, human resources, referral networks, and emergency response capabilities. Consequently, BPCR acts as a catalyst for broader health system strengthening, enhancing service delivery and overall healthcare accessibility.

- **Community Involvement and Support**
  BPCR strategies often involve community mobilization, engaging local health workers, leaders, and organizations in supporting maternal and newborn health. Such involvement fosters collective responsibility, facilitates health education dissemination, and encourages the development of community-based support systems.

- **Empowerment of Women**
  BPCR promotes women's autonomy by actively involving them in planning for safe pregnancy and childbirth.

  It encourages informed decision-making and enhances women's confidence in navigating healthcare services. This empowerment contributes to a broader agenda of gender equity in healthcare access and outcomes.

- **Cost-Effective Health Interventions**
  By prioritizing early identification of risks and timely intervention, BPCR can reduce the need for emergency and intensive care, which are typically more resource-intensive. This approach supports more efficient allocation and utilization of healthcare resources, especially in low-resource settings (Person & Achieng, 2021).

  In summary, birth preparedness and complication readiness is a foundational strategy for improving maternal and neonatal health. Its implications extend beyond individual health outcomes to include system-level enhancements, community mobilization, and women's empowerment. BPCR not only contributes to the reduction of mortality but also supports the development of resilient, responsive, and equitable healthcare systems.

2.2 Theoretical Review

Theory Of Planned Behaviour

This study adopts the Theory of Planned Behaviour (TPB) as the guiding theoretical framework to better understand the determinants of male involvement in birth preparedness and complication readiness

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(BPCR). Originating from the Theory of Reasoned Action developed in 1980, TPB was formulated to predict and explain individual behavioral intentions under conditions of volitional control. The theory posits that behavior is directly influenced by behavioral intention, which, in turn, is shaped by three core components: attitudes toward the behavior, subjective norms, and perceived behavioral control. Behavioral intention reflects the motivational factors that influence a behavior, indicating how hard an individual is willing to try or how much effort they plan to exert to perform the behavior. These intentions are based on the individual's positive or negative evaluation of the outcome (attitudes), perceived social pressure to perform or not perform the behavior (subjective norms), and perceived ease or difficulty in performing the behavior (perceived behavioral control). Collectively, these elements provide a robust framework for understanding how men may choose to engage in birth preparedness and respond to obstetric emergencies.

Assessment of Male Readiness for Birth Preparedness and Complication Readiness

A cross-sectional study conducted by Adamu et al. (2020) titled *"Attitude and Involvement of Men in Birth Preparedness and Complication Readiness in Rural Communities of Sokoto State"* explored the level of male engagement in BPCR. The study involved 268 married men and revealed that between 70% and 75% identified antenatal care attendance and financial savings as key components of BPCR. However, only 50% demonstrated adequate knowledge of BPCR, and 44.3% held a positive attitude towards their involvement. Despite the gaps in knowledge and attitudes, the findings highlighted a notable increase in the number of men who became better informed and positively inclined toward BPCR.

This suggests that targeted interventions can effectively improve both awareness and attitudes among men, thereby enhancing their preparedness and participation in maternal health initiatives.

Application of the Theory of Planned Behaviour

The Theory of Planned Behaviour can be applied to explain the various psychosocial factors influencing male involvement in BPCR:

- **AttitudinalBeliefs**
  This refers to a man's personal evaluation of the outcomes of engaging in BPCR. For example, if a man believes that his involvement will positively impact maternal and neonatal outcomes, he is more likely to develop a favorable attitude toward participation.
- **BehavioralIntention**
  Behavioral intention denotes a man's willingness and determination to engage in BPCR-related activities. This could include supporting his partner during antenatal visits, saving money for emergencies, or preparing for skilled birth attendance.
- **SubjectiveNorms**
  These are the perceived social pressures from family, peers, or the broader community regarding male involvement in maternal health. In many contexts, societal expectations either encourage or discourage male participation in childbirth-related matter

Perceived Power and Behavioral Control

These components refer to an individual's perception of their ability to perform the behavior, taking into account both internal factors (confidence, knowledge)

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and external constraints (access to services, cultural barriers). The greater the perceived control, the more likely the behavior will be performed.

Supporting this framework, Paulos et al. (2020) conducted a cross-sectional study titled *"Male Involvement and Associated Factors in Birth Preparedness and Complication Readiness for Emergency Referral in Sodo Town, Wolaita Zone, South Ethiopia"*. The study employed a structured, pre-tested questionnaire and found that the prevalence of male involvement in BPCR was 30.9%. Factors such as distance to health facilities, history of obstetric complications, and whether the male partner accompanied the woman to antenatal care visits were significantly associated with increased involvement. These findings underscore the applicability of the TPB in understanding and predicting male involvement in BPCR, highlighting the need for targeted interventions that address attitudes, social norms, and perceived control over maternal health-related actions.

2.3 Empirical Review

A community-based cross-sectional study conducted by Rahel et al. (2022), titled *"Men's Involvement in Birth Preparedness and Complication Readiness and Associated Factors Among Men in the Amhara Region, Ethiopia,"* aimed to examine the level of male participation in birth preparedness and identify the key determinants influencing their involvement. The study surveyed 713 men, achieving a full response rate of 100%.

The findings revealed that only 33.9% of the respondents were actively involved in birth preparedness and complication readiness, with a 95% confidence interval of 30.6% to 37.4%, indicating relatively low levels of male engagement. To identify factors significantly associated with involvement, multivariate logistic regression was employed to adjust for potential confounders.

The analysis showed several statistically significant predictors of male involvement:

- **Age of the respondent**: Men in older age groups were more likely to participate in BPCR [Adjusted Odds Ratio (AOR) = 1.7; 95% CI: 1.1–2.7].
- **Educational attainment**: Men with higher educational levels were more engaged [AOR = 2.4; 95% CI: 1.3–4.6].
- **Household income**: Higher income levels were strongly associated with increased involvement [AOR = 5.5; 95% CI: 2.7–11.1].
- **Knowledge of postpartum danger signs**: Men who were knowledgeable about complications during the postpartum period were more likely to be involved [AOR = 2.7; 95% CI: 1.6–4.5].
- **Parity of the wife**: Men whose partners had previous births showed greater involvement [AOR = 2.5; 95% CI: 1.4–4.3].
- **Postpartum planning with spouse**: Making a postpartum care plan jointly with their wives significantly increased male involvement [AOR = 4.4; 95% CI: 2.9–6.6].

These findings underscore the need for targeted interventions aimed at increasing male participation in birth preparedness efforts, particularly through strategies that enhance education, economic empowerment, and awareness of maternal health issues. Despite growing

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recognition of the importance of male involvement, this study confirms that engagement remains limited in the study population, necessitating comprehensive public health strategies to bridge this gap.

Chapter Three
Research Methodology

This chapter outlines the methodological framework adopted for the study, including the research design, study setting, target population, sample size determination, sampling technique, data collection instruments, procedures for ensuring validity and reliability, methods of data collection and analysis, as well as ethical considerations.

3.1 Research Design

This study adopts a **non-experimental descriptive research design**, aimed at assessing male involvement in birth preparedness and complication readiness within a selected Local Government Secretariat in Lagos State. The design facilitates the collection of data without manipulating study variables, enabling a comprehensive description of existing attitudes, knowledge, and behaviors among the target population.

3.2 Study Setting

The research was conducted at **Alimosho Local Government Area Secretariat** in Lagos State, Nigeria. The main secretariat is located in Ikeja, with a branch office situated in Egbeda. The secretariat hosts a range of departments including Education, Health, Waste Management and Sanitation, Agriculture, Procurement, and Revenue. It operates on weekdays from 9:00 a.m. to 4:00 p.m.

3.3 Target Population

The target population for this study comprises **male employees**—both administrative and non-administrative—working in the Alimosho Local Government Secretariat, Lagos State. This location was purposefully selected due to its sizable male workforce.

Inclusion Criteria:

- Male staff who are either already fathers or currently expecting a child at the time of the study.

Exclusion Criteria:

- Male staff who do not have children and are not expecting a child during the study period.

3.4 Sample Size Determination

The sample size is the number of individuals included in a research study to represent a population (Frankline, 2021).

The Local Government secretariat has about 155 employed male staff, both pensionable and non-pensionable. The sample size was determined using Taro Yamane's formula.

n =N / 1+ (Ne2)

Where, n= Sample size, N= Total population (155) e= 0.05 (constant)

n = 155/1 + (155 x 0.0025)

n = 155/1 + 0.3875

155/1.3875 = 111.71 approx. = 112

Attrition= 10% of the total sample population which is 112 =12

Approximately 112 + 12 =124.

3.5 Sampling Technique

A **random sampling technique** was employed to select a total of **124 male staff**

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members from the Alimosho Local Government Area Secretariat, Lagos State. This method ensures that participants meet the predetermined inclusion criteria, specifically being male employees of the secretariat. To facilitate efficient data collection, **64 questionnaires** was administered during the **first week**, followed by **another 60** in the **second week**.

3.6 Instrument For Data Collection

Data was gathered using a **structured, self-administered questionnaire** developed specifically for this study. An **informed consent form** accompanied each questionnaire, detailing the study's title, objectives, procedures, participant expectations, potential post-study benefits, and contact information for the research team.

The questionnaire consists of **four sections**, as outlined below:

- **Section A:** Socio-demographic data of respondents
- **Section B:** Adapted from Forbes et al. (2021), this section assesses male involvement in birth preparedness and complication readiness
- **Section C:** A self-developed section to identify socio-demographic factors influencing male involvement
- **Section D:** A self-designed tool measuring the level of readiness among men for birth preparedness and complication readiness

3.7 Validity of the Instrument

The instrument was subjected to **face and content validity checks**. It was developed based on a comprehensive literature review, ensuring alignment with the study's objectives. To enhance the questionnaire's validity, it was reviewed by the research expert, whose feedback informed final revisions prior to administration.

3.8 Reliability of the Instrument

To ascertain reliability, the instrument undergoes a **pilot test** among **20 male staff members** from a local government secretariat in Lagos State not included in the main study. Data collected from this pilot was analyzed using the **test-retest method**, and a **reliability coefficient** was calculated to ensure consistency of the instrument.

3.9 Data Collection Procedure

An **introductory letter and permission** were obtained from the **Chairman of the selected Local Government Secretariat** and the **Lagos State College of Nursing, Igando**. A total of **124 questionnaires** was distributed over **two weeks**. To facilitate data collection, each questionnaire was **coded and numbered** for easy tracking and retrieval. Additionally, a **trained research assistant** was engaged to support the administration and monitoring of data collection.

3.10 Method Of Data Analysis

Collected data was coded and analyzed using **SPSS version 20**. Analytical methods include **descriptive statistics** (frequencies, percentages, bar and pie charts) and **inferential statistics** such as **Chi-square tests** and **binary logistic regression**, with results presented in terms of **odds ratios**. Hypotheses were tested using appropriate statistical techniques to examine associations between variables.

3.11 Ethical Considerations

Ethical approval for this study was sought from the **Local Government Chairman** and the Lagos State College of Nursing Ethical Committee. Participants were required to give **informed consent** after being thoroughly briefed on the study's purpose, procedures, and their rights—including the

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right to **decline or withdraw** at any point. Confidentiality was strictly maintained.

Chapter Four
Data Analysis
4.1 Introduction

This chapter presents the analysis of data collected for the study using **Statistical Package for the Social Sciences (SPSS) version 25** and **Microsoft Excel 2016**. Descriptive statistical methods, including **frequencies and percentages**, were employed to summarize the data. The data were obtained through a **self-structured questionnaire** consisting of **29 items**, which was administered to a total of **124 married male respondents**. A **100% valid response rate** was achieved, and the analyzed results are presented in the sections that follow.

Table 1: Demographic Table of the Respondents

Variable	Frequency	Percentage
Age (in years)		
21-30	94	75.8
31-40	27	21.8
41-50	3	2.4
Total	**124**	**100**
Religion		
Christianity	91	73.4
Islam	33	26.6
Total	**124**	**100**
Ethnicity		
Yoruba	82	66.1
Igbo	39	31.5
Hausa	3	2.4
Total	**124**	**100**
Educational level		
Primary	4	3.2
Secondary	6	4.8
Tertiary	114	91.9
Total	**124**	**100**
Average Family Income per annum		
< #400,000	53	42.7
#400,000-800,000	22	17.7
	16	12.9
#900,00-#1.2m	33	26.6
>1.2m	**124**	**100**
Total		

Demographic Profile of Respondents

The demographic data of the respondents revealed that the majority were within the age range of 21–30 years (75.8%, *n* = 94), followed by those aged 31–40 years (21.8%, *n* = 27), and a smaller proportion aged 41–50 years (2.4%, *n* = 3). In terms of religious affiliation, 73.4% (*n* = 91) of participants identified as Christians, while 26.6% (*n* = 33) were Muslims. Ethnically, most respondents were Yoruba (66.1%, *n* = 82), followed by Igbo (31.5%, *n* = 39), and a minority were Hausa (2.4%, *n* = 3). Educational attainment was high among the respondents, with 91.9% (*n* = 114) holding tertiary qualifications, 4.8% (*n* = 6) having completed secondary education, and 3.2% (*n* = 4) possessing only primary education. Regarding average annual household income, 42.7% (*n* = 53) reported earning less than ₦400,000, 17.7% (*n* = 22) earned between ₦400,000 and ₦800,000, 12.9% (*n* = 16) earned between ₦900,000 and ₦1.2 million, while 26.6% (*n* = 33) had incomes exceeding ₦1.2 million.

Table 2: Assessment on the Level of Male Involvement in Birth Preparedness and Readiness

Variable	Frequency	Percentage
Men should actively participate in discussions and decision-making regarding my partner's pregnancy	6	4.8
	3	2.4
	4	3.2
	9	7.3
SD	102	82.3
D	**124**	**100**
N		
A		
SA		
Total		
Men should be knowledgeable about potential	6	4.8

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complications during pregnancy and childbirth SD D N A SA **Total**	3 3 22 90 **124**	2.4 2.4 17.7 72.6 **100**
Men should be aware of the importance of regular prenatal check-ups of their partner SD N A SA **Total**	6 3 12 103 **124**	4.8 2.4 9.7 83.1 **100**
Men must assist in ensuring that essential items needed for childbirth are prepared in advance SD N A SA **Total**	6 6 15 97 **124**	4.8 4.8 12.1 78.2 **100**
Men should encourage their partner and also be involved by attending pregnancy and childbirth educational classes SD N A SA **Total**	6 9 35 74 **124**	4.8 7.3 28.2 59.7 **100**

Assessment of Male Involvement in Birth Preparedness and Complication Readiness

The findings on male involvement in birth preparedness and complication readiness reveal a strong inclination toward active participation. A substantial majority of respondents (82.3%, *n* = 102) agreed or strongly agreed that men should be involved in discussions and decision-making related to their partner's pregnancy, while only a small fraction (4.8%, *n* = 6) strongly disagreed. Similarly, 72.6% (*n* = 90) acknowledged the importance of being knowledgeable about potential complications during pregnancy and childbirth, with the same proportion of strong disagreement (4.8%, *n* = 6). A significant number of participants (83.1%, *n* = 103) also strongly agreed that men should understand the value of regular antenatal check-ups, while 4.8% (*n* = 6) held opposing views. With regard to material preparedness, 78.2% (*n* = 97) strongly agreed that ensuring necessary items for childbirth are arranged in advance is a male responsibility. Furthermore, 59.7% (*n* = 74) strongly agreed that men should encourage their partners and attend educational sessions on pregnancy and childbirth, though again, 4.8% (*n* = 6) strongly disagreed.

Overall, these results indicate a high level of male engagement and preparedness in supporting maternal health, reflecting a positive attitude toward shared responsibility during pregnancy and childbirth.

Table 3: Assessment Of Socio-Demographic Determinants of Male Involvement in Birth Preparedness and Readiness in Selected Local Government Secretariats in Lagos State

Variable	Frequency	Percentage
Financial constraints affect the preparation of buying the essential items needed to prepare for childbirth SD D N A SA **Total**	9 12 10 46 47 **124**	7.3 9.7 8.1 37.1 37.9 **100**
My job/time constraints prevent me from being		

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involved in birth preparedness and complication readiness. SD D N A SA **Total**	12 30 32 15 35 **124**	9.7 24.2 25.8 12.1 28.2 **100**
Level of education of the men exposes them to better understanding of why they should be involved in their partner's pregnancy and birth preparedness SD D N A SA **Total**	9 18 13 34 50 **124**	7.3 14.5 10.5 27.4 40.3 **100**
My religion is against male involvement in their partner's pregnancy and birth preparedness SD D N A SA **Total**	68 28 7 6 15 **124**	54.8 22.6 5.6 4.8 12.1 **100**
My cultural beliefs is against male involvement in their partner's pregnancy and birth preparedness SD D N A SA **Total**	59 39 4 13 9 **124**	47.6 31.5 3.2 10.5 7.3 **100**
Our Environment/location of our home from the clinic makes it difficult to be involved in the pregnancy (attending antenatal) and prepare for childbirth SD D N A SA **Total**	24 34 25 28 13 **124**	19.4 27.4 20.2 22.6 10.5 **100**

The evaluation of socio-demographic factors influencing male involvement in birth preparedness and readiness across selected Local Government Secretariats in Lagos State yielded the following insights: Financial constraints emerged as a significant barrier, with 37.1% of respondents agreeing and 37.9% strongly agreeing that limited financial resources hinder their ability to prepare for childbirth. In contrast, only 7.3% strongly disagreed with this notion. Job-related and time constraints were also notable, as 28.2% of participants strongly agreed and 12.1% agreed that their work commitments limit their participation, while 9.7% strongly disagreed. Education appeared to positively influence involvement, with 40.3% of respondents strongly agreeing that their level of education enhances their understanding of the importance of supporting their partner during pregnancy. Only 7.3% strongly disagreed with this perspective. Religious beliefs were generally not perceived as a barrier, with 54.8% strongly disagreeing that their religion discourages involvement, although 12.1% strongly agreed that it does. Cultural beliefs showed minimal impact, as 47.6% of respondents strongly disagreed that cultural norms inhibit male participation, while just 7.3% strongly agreed. Environmental and locational factors were moderately

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influential; 22.6% agreed and 10.5% strongly agreed that the location of their residence makes it difficult to attend antenatal visits or participate in preparations, whereas 19.4% strongly disagreed.

Overall, these findings underscore the multifaceted socio-demographic influences shaping male involvement in birth preparedness and readiness, with financial, occupational, and educational factors playing more prominent roles than cultural or religious considerations.

Table 4: Assessment of Level of Readiness of Male Involvement in Birth Preparedness and Readiness

Variable	Frequency	Percentage
Setting asides funds to cover the costs of childbirth and potential childbirth SD D A SA **Total**	 9 3 55 57 **124**	 7.3 2.4 44.4 46.0 **100**
Understanding and preparing for the care needed by both the mother and newborn after delivery SD A SA **Total**	 6 35 83 **124**	 4.8 28.2 66.9 **100**
Gathering necessary items like clean clothes, sanitary pads, baby clothes, and other essentials needed for childbirth and postnatal care. SD N A	 6 3 21 94 **124**	 4.8 2.4 16.9 75.8 **100**
SA **Total**		
Making arrangements for transportation to a healthy facility in case of complications during labor or delivery. SD N A SA **Total**	 6 7 31 80 **124**	 4.8 5.6 25.0 64.5 **100**
Deciding whether to deliver at home or in a hospital based on factors like risk assessment and availability of skilled care SD D N A SA **Total**	 7 13 19 33 52 **124**	 5.6 10.5 15.3 26.6 41.9 **100**
Regular prenatal check-ups and antenatal clinics with healthcare providers to monitor the health of the mother and the baby SD N A SA **Total**	 6 4 40 74 **124**	 4.8 3.2 32.3 59.7 **100**
Knowing the danger signs of pregnancy increased my involvement in breath preparedness and complication readiness SD N A SA **Total**	 6 6 38 74 **124**	 4.8 4.8 30.6 59.7 **100**
I have heard of birth preparedness and		

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complication readiness prior to my partner's pregnancy SD D N A SA **Total**	6 10 9 37 62 **124**	4.8 8.1 7.3 29.8 50.0 **100**
I believe maternal and child's health is solely a woman's duty SD D N A SA **Total**	53 33 6 10 22 **124**	42.7 26.6 4.8 8.1 17.7 **100**
Unfriendly hospital setting prevents you from being involved in birth preparedness and complication readiness SD D N A SA **Total**	16 21 15 30 42 **124**	12.9 16.9 12.1 24.2 33.9 **100**

The evaluation of male involvement in birth preparedness and complication readiness revealed a high level of participation across several key domains. A substantial proportion of men (57; 46.0%) strongly agreed that they had allocated funds specifically for childbirth, while 83 (66.9%) affirmed a strong understanding and preparation for postnatal care. The majority (94; 75.8%) reported active participation in gathering essential items for delivery, and 80 (64.5%) arranged transportation in anticipation of possible complications. Additionally, 52 men (41.9%) strongly agreed on jointly deciding the place of delivery, and 74 (59.7%) regularly accompanied their partners to antenatal care visits. Awareness of pregnancy danger signs was reported to have increased involvement in 74 men (59.7%), and 62 (50.0%) indicated prior knowledge of birth preparedness even before their partner's pregnancy. Notably, 53 men (42.7%) strongly disagreed with the notion that maternal and child health is solely the responsibility of women, though 42 (33.9%) acknowledged that unwelcoming hospital environments hindered their participation. Overall, the findings highlight strong male engagement in birth preparedness, albeit with some institutional and cultural barriers limiting full involvement.

4.2 Answering Of Research Questions

i. What is the level of knowledge of obstetric danger signs among men in selected Local Government Secretariat offices in Lagos State?

The findings of this study indicate a relatively high level of awareness of obstetric danger signs among men in the selected Local Government Secretariat offices. Specifically, 59.7% of respondents demonstrated knowledge of critical obstetric danger signs, including severe vaginal bleeding, prolonged labor, and convulsions—conditions that require immediate medical attention. This level of awareness suggests that health education initiatives may be positively influencing male understanding of pregnancy-related risks. Nonetheless, 40.3% of the respondents did not report comprehensive knowledge of these warning signs, highlighting a gap that necessitates targeted educational interventions to ensure broader male engagement in maternal health, especially in recognizing complications that could jeopardize maternal and fetal outcomes.

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ii. What is the level of birth preparedness and complication readiness among men in selected Local Government Secretariat offices in Lagos State?

The data reveal a high level of birth preparedness and complication readiness among male participants. A significant proportion (75.8%) reported active involvement in assembling essential materials for childbirth, including baby clothing, delivery kits, and financial provisions. Furthermore, 64.5% of men had made transportation arrangements in anticipation of potential emergencies, reflecting a proactive approach to mitigating delays in accessing care. Notably, 50% of respondents were familiar with the concept of birth preparedness even prior to their partner's pregnancy, indicating a commendable level of preemptive engagement. Despite these encouraging findings, certain barriers—such as occupational constraints and perceived unwelcoming hospital environments—continue to hinder the full realization of male involvement in birth preparedness and complication readiness.

iii. What are the attitudes of men toward birth preparedness and complication readiness in selected Local Government Secretariat offices in Lagos State?

Overall, male attitudes toward birth preparedness and complication readiness were largely supportive and positive. Approximately 46.0% of respondents strongly agreed that they had allocated funds specifically for childbirth, illustrating financial commitment to maternal health. Additionally, 66.9% strongly agreed that they understood and were prepared for postnatal care responsibilities, indicating readiness to support their partners beyond the delivery period. Importantly, 42.7% of participants strongly rejected the notion that maternal and child health is solely the responsibility of women, reflecting a progressive shift towards shared parental roles. However, 33.9% of men acknowledged that unsupportive or unfriendly hospital environments discourage their active participation, underscoring the need for systemic improvements to promote inclusive and male-friendly maternal healthcare services.

4.3 Test of Hypothesis

NullHypothesis(H_0):
There is no significant relationship between the level of educational status and knowledge of obstetric danger signs among men in selected Local Government Secretariat offices in Lagos State.

To examine the association between educational status and knowledge of obstetric danger signs, a Chi-square test of independence was conducted. The results of the analysis indicated the Chi-square value and corresponding significance level, assessing whether differences in knowledge levels could be attributed to variations in educational attainment. Based on the results, if the p-value is greater than 0.05, the null hypothesis is retained, suggesting that no statistically significant relationship exists between educational status and knowledge of obstetric danger signs. Conversely, if the p-value is less than 0.05, the null hypothesis is rejected, indicating a significant association between the two variables. This analysis provides insight into the role of education in shaping men's awareness of maternal health risks and highlights the potential need for tailored interventions targeting men across different educational backgrounds.

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Educational level	Men should be knowledgeable about potential complications during pregnancy and childbirth					Total			
	SD	D	N	A	SA		Df	X^2 Cal	Xtab
Primary	-	-	-	-	4	4	8	125.354	15.507
Secondary	-	3	3	-	-	6			
Tertiary	6	-	-	22	86	114			
Total	6	3	3	22	90	124			

Level of significance = 0.05

The analysis revealed that the calculated Chi-square value (χ^2 = 125.354) exceeded the critical table value (χ^2_t = 15.507) at the appropriate degrees of freedom and significance level. Consequently, the null hypothesis was rejected, indicating a statistically significant relationship between the level of educational attainment and knowledge of obstetric danger signs among men in the selected Local Government Secretariat offices in Lagos State.

These findings suggest that higher educational status is associated with greater awareness of obstetric complications, underscoring the influence of education on men's engagement in maternal health.

Educational level		**Men should be knowledgeable about potential complications during pregnancy and childbirth**					**Total**			
		SD	**D**	**N**	**A**	**SA**		**Df**	**X^2 Cal**	**Xtab**
	Primary	-	-	-	-	4	4	8	125.354	15.5
	Secondary	-	3	3	-	-	6			
	Tertiary	6	-	-	22	86	114			
Total		6	3	3	22	90	124			

Level of significance = 0.05

The calculated Chi-square value (χ^2 = 125.354) is greater than the critical table

value (χ^2_t = 15.507), indicating that the result is statistically significant. Therefore, the null hypothesis is rejected, and it is concluded that there is a significant relationship between the level of educational status and knowledge of obstetric danger signs among men in the selected Local Government Secretariat offices in Lagos State.

Chapter Five
Discussion, Implications, Andrecommendations

This chapter presents a discussion of the study's findings in relation to existing literature, explores implications for nursing practice, and provides a summary, conclusion, and recommendations for future research.

5.1 Discussion of Findings

The demographic characteristics of the respondents offer valuable insight into the dynamics of male involvement in birth preparedness and complication readiness in Lagos State. A significant proportion of participants (75.8%) were between the ages of 21 and 30, suggesting that many were in a life phase closely associated with family formation and active participation in childbirth-related decisions. An additional 21.8% fell within the 31–40 age group, potentially contributing more mature

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perspectives based on experience. Religious affiliation revealed a higher representation of Christians (73.4%) compared to Muslims (26.6%), which may reflect religious variations in attitudes toward male participation in maternal and child health. In terms of ethnicity, Yoruba men constituted the majority (66.1%), followed by Igbo (31.5%) and Hausa (2.4%) respondents, indicating the potential influence of cultural beliefs on male engagement in maternal health matters. Educational attainment was notably high, with 91.9% of respondents having completed tertiary education. This suggests a population that is likely to possess the awareness and capacity to understand the importance of birth preparedness and complication readiness. However, the presence of a minority with lower educational qualifications underscores the continued need for inclusive educational interventions targeting diverse literacy levels. Income distribution among respondents further highlights the role of socioeconomic status. While 42.7% reported earning less than ₦400,000 annually, 26.6% earned above ₦1.2 million, indicating a wide income gap. This disparity suggests that financial capacity can significantly influence the extent of male involvement in maternal health, emphasizing the importance of equitable access to resources and support mechanisms for men across all income brackets.

Assessment of Male Involvement in Birth Preparedness and Complication Readiness

The findings of this study reveal a promising trend in male involvement in birth preparedness and complication readiness in Lagos State. A significant majority of respondents (82.3%) acknowledged the importance of participating actively in discussions and decision-making during their partner's pregnancy. This indicates a growing recognition of shared responsibility in reproductive health and underscores the critical role of men in safeguarding maternal and neonatal outcomes. Additionally, 72.6% of men agreed on the importance of being knowledgeable about potential pregnancy complications, reflecting a proactive attitude towards preventive care and emergency preparedness. Awareness of the need for regular prenatal check-ups was also high, with 83.1% affirming their support for such visits, illustrating their role in promoting timely and adequate maternal care.

Practical aspects of involvement were equally evident. A total of 78.2% of respondents reported preparing essential items for childbirth, highlighting the importance they place on logistical readiness. Moreover, 59.7% strongly agreed that men should attend and encourage their partners to participate in antenatal and childbirth education classes, reflecting a commitment to fostering an informed and supportive environment.These findings collectively indicate a high level of male readiness and responsibility in maternal health, which is essential for enhancing birth preparedness and reducing the risk of complications.

Socio-Demographic Determinants of Male Involvement in Birth Preparedness and Readiness

The analysis of socio-demographic determinants identified several key factors influencing male involvement in birth preparedness and complication readiness. Financial limitations emerged as a major barrier, with 75% of respondents agreeing or strongly agreeing that insufficient financial resources hinder their ability to adequately prepare for childbirth. This points to the need for economic empowerment and support mechanisms that can reduce financial stress and enable fuller participation. Occupational demands were also influential, with 40.3% of respondents citing time constraints due to work as a challenge to their involvement. This highlights the difficulty many men face

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in balancing professional responsibilities with active engagement in family health matters. Education was identified as a facilitating factor. Specifically, 40.3% of respondents strongly agreed that higher levels of education positively influenced their understanding of the importance of male involvement in maternal health. This suggests that educational interventions could significantly enhance men's participation. Religion and culture appeared to have a minimal negative impact in this context. A majority (54.8%) strongly disagreed that religious beliefs prevented their involvement, and 47.6% strongly disagreed that cultural norms restricted their participation. These findings point to a shift toward more progressive views regarding gender roles in reproductive health. However, environmental factors such as geographic accessibility remained a concern. About 33.1% of respondents agreed that the distance from their homes to healthcare facilities made it difficult to attend antenatal visits, indicating the need for improved healthcare accessibility and outreach programs. Overall, these findings emphasize the importance of addressing structural and economic barriers while leveraging education as a key enabler of male engagement in maternal health.

Assessment of Male Readiness for Birth Preparedness and Complication Readiness

The assessment further demonstrates a high level of male readiness for birth preparedness and complication readiness in Lagos State. Nearly half (46.0%) of the respondents strongly agreed that they set aside financial resources for childbirth, indicating a strong sense of financial responsibility. Additionally, 66.9% reported being prepared for postnatal care, reflecting a comprehensive approach to supporting both mother and child. Logistical preparedness was evident, with 75.8% of men involved in assembling necessary items for childbirth and 64.5% making transportation arrangements in case of emergencies. While only 41.9% reported involvement in deciding the place of delivery, this indicates an area for potential improvement in shared decision-making.

Regular attendance at prenatal check-ups by 59.7% of men, often driven by knowledge of pregnancy danger signs, further illustrates their active participation. Notably, 50% of respondents indicated awareness of birth preparedness even before their partner's pregnancy, suggesting a proactive stance. In terms of attitudes, 42.7% strongly disagreed with the notion that maternal health is solely a woman's responsibility, reflecting an encouraging shift toward gender-inclusive care. However, 33.9% cited unwelcoming hospital environments as a deterrent to their involvement, highlighting the need for more male-friendly healthcare settings. In conclusion, while male readiness for involvement in maternal health is generally high, addressing environmental and systemic barriers—particularly within healthcare institutions—can further enhance their participation and contribute to improved maternal and neonatal outcomes.

5.2 Nursing Implications

The findings of this study underscore the vital role nurses play in promoting male involvement in maternal health, particularly in the areas of birth preparedness and complication readiness. As frontline healthcare providers, nurses are strategically positioned to educate male partners on the importance of financial, logistical, and emotional support throughout pregnancy and childbirth. They can foster inclusive antenatal environments that encourage male participation by facilitating joint counseling sessions, providing targeted health information, and creating male-friendly spaces within clinics. Furthermore, nurses can bridge communication gaps between couples and healthcare providers, thereby

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enhancing decision-making and support systems. Addressing institutional barriers, such as unwelcoming hospital settings, is also critical to increasing male engagement and ultimately improving maternal and neonatal outcomes.

5.3 Limitations of the Study

This study was subject to certain limitations. Time constraints and limited resources posed challenges throughout the research process. Additionally, obtaining the letter of consideration from the research center proved to be difficult, which delayed some phases of data collection. Despite these obstacles, the researcher ensured that these limitations did not compromise the validity or reliability of the findings.

5.4 Summary Of Findings

This research explored male involvement in birth preparedness and complication readiness within selected Local Government Secretariats in Lagos State. The results demonstrate a high level of male engagement in key areas such as financial planning, acquisition of delivery essentials, and preparation for emergency scenarios. Educational attainment and knowledge of obstetric danger signs were found to be positively associated with increased male involvement. However, various barriers—particularly work-related constraints and unfriendly healthcare environments—were identified as limiting factors. Overall, the study reinforces the essential role men play in supporting maternal health and highlights areas requiring intervention to encourage more comprehensive participation.

5.5 Conclusion

In conclusion, this study provides compelling evidence that male involvement is integral to the success of maternal and neonatal health initiatives. The findings confirm that most men in the study population acknowledge and embrace their roles in supporting their partners during pregnancy. Their involvement—manifested through financial preparation, logistical arrangements, and attendance at prenatal care—demonstrates a commitment to shared responsibility. However, to sustain and deepen this involvement, structural barriers such as occupational constraints and unsupportive healthcare environments must be addressed. Creating an enabling environment for male engagement will contribute significantly to improved maternal health outcomes.

5.6 Recommendations

1. **Promote Male-Focused Health Education**
   Tailored health education programs should be developed and integrated into antenatal care services. These programs must emphasize the significance of male participation in birth preparedness, highlighting roles in decision-making, emotional support, and complication readiness.

2. **Establish Male-Friendly Antenatal Clinics**
   Healthcare facilities should create welcoming spaces for men by providing designated waiting areas, flexible appointment schedules, and inclusive communication. Male attendance at prenatal visits should be actively encouraged to normalize shared maternal health responsibilities.

3. **Address Financial Barriers**
   Policymakers should implement community-based health financing options such as insurance schemes or subsidies to ease the economic burden of childbirth preparation, especially for low-income families.

4. **Encourage Flexible Work Policies**
   Employers should be incentivized or mandated to adopt flexible work

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arrangements, including paternity leave and time off for prenatal visits. This would mitigate job-related constraints and promote active male participation.

5. **Enhance Hospital Communication and Inclusivity**
   Healthcare providers must ensure that male partners are adequately informed and engaged in the maternal care process. Efforts should be made to create respectful and inclusive clinical environments that welcome the presence and participation of male partners.

6. **Implement Community Sensitization Campaigns**
   Government and non-governmental organizations should run awareness campaigns that challenge traditional gender norms and promote the shared responsibility of maternal health. Such campaigns should be community-based and culturally sensitive to maximize impact.

7. **Strengthen Policy Frameworks on Male Involvement**
   National and regional health policies should explicitly include male involvement as a core component of maternal and child health strategies. Clear guidelines and institutional support can formalize men's roles and encourage sustained engagement.

5.7 Suggestions For Further Research

Future studies should explore the effectiveness of targeted interventions—such as male-oriented health education programs and workplace policy reforms—in enhancing male involvement in maternal care. Comparative research examining the influence of socio-cultural, religious, and economic factors on male participation across different regions would also be valuable. Additionally, including both rural and urban populations in future research could provide a more comprehensive understanding of the facilitators and barriers to male involvement in birth preparedness and complication readiness.

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